



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 8

1595 Wynkoop Street
DENVER, CO 80202-1129
Phone 800-227-8917
<http://www.epa.gov/region08>

Ref: 8P-W-DW

SEP 30 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Ganelle Edwards, Owner
Nordic Ranches Water, LLC.
P.O. Box 5069
Etna, WY 83118

Re: **2015 Sanitary Survey Report**
PWS ID#: WY5601418 C

Dear Ms. Edwards:

Enclosed is a report prepared for the U. S. Environmental Protection Agency (EPA) following a sanitary survey of the above-referenced water system on June 29, 2015. Please note each significant deficiency listed at the beginning of the report. To avoid receiving a violation, you must correct **each identified significant deficiency and submit documentation of the corrective action to the EPA within 6 months** from receipt of this letter and sanitary survey report.

If you will be unable to meet this standard corrective action timeframe, you must submit a written justification and proposed completion schedule to the EPA within 30 days from receipt of this letter. Each significant deficiency for this water system is listed below:

GROUND WATER RULE SIGNIFICANT DEFICIENCIES

Significant deficiencies for ground water systems are defined as defects in the design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system that the EPA determines to be causing, or to have the potential for causing, the introduction of contamination into the water delivered to consumers.

1) Well ID: WL01 - Well #1, Well #2, and Well #4

Lack of a sanitary seal on the well casing. (see photos #1, #2, and #3)

To prevent contamination of the well, the well must be fitted with a functioning sanitary seal that is tightly bolted does not allow contamination to enter the well.

- 2) Gravity Tank ID: ST01 & ST02 - Storage Tanks 4x10K and Storage Tanks 3x10K
Combined Overflow on finished water storage tank discharges at improper height*. (see photo #4)
Overflow must be piped to an elevation between 12 and 24 inches above the ground surface and discharge over a drainage inlet structure, splash plate, or engineered rip-rap.
- 3) Gravity Tank ID: ST01 & ST02 - Storage Tanks 4x10K and Storage Tanks 3x10K
Combined Overflow on finished water storage tank improperly constructed*. (see photo #5)
Overflow must discharge over a drainage inlet structure, splash plate, or engineered rip-rap.
- 4) Gravity Tank ID: ST01 - Storage Tanks 4x10K
Hatch on Finished Water Storage Tank Improperly Constructed*. (see photo #6)
Below Ground Tanks (buried or partially buried): The tank hatch must be elevated a minimum of 24 inches above the top of the tank surface or ground surface, whichever is higher.
- 5) Gravity Tank ID: ST02 - Storage Tanks 3x10K
Hatch on Finished Water Storage Tank Improperly Constructed*. (see photo #7)
Below Ground Tanks (buried or partially buried): The tank hatch must be elevated a minimum of 24 inches above the top of the tank surface or ground surface, whichever is higher.
- 6) Gravity Tank ID: ST01 & ST02 - Storage Tanks 4x10K and Storage Tanks 3x10K
Hatch on Finished Water Storage Tank Improperly Constructed*. (see photo #8)
The tank hatch must be fitted with a solid *watertight* cover which extends down around the frame at least two inches.
- 7) Low pressure or loss of pressure (less than 20 psi)*.
The PWS reported that the pressure coming off the tanks was 20-25 psi under normal conditions and that there were service connection(s) near the tanks where the residents have installed booster pumps on the customer's side of the meter. It is likely that pressures during peak flow may drop below 20 psi.
Presently, some areas of the distribution system have pressure less than 20 psi. This low pressure creates significant risk for backflow and system contamination. In order to correct this significant deficiency, you must identify the cause(s) of the low pressure and provide documentation of how it was corrected.

You must correct each significant deficiency and provide a completed Correction Notice with photos of each correction within 6 months from receipt of this letter and sanitary survey report. The Significant Deficiency Correction Notice is enclosed and can also be found at the following website <http://www2.epa.gov/region8-waterops/reporting-forms-and-instructions-reporting-forms> and by selecting the Sanitary Survey link. To avoid receiving a violation, please provide this documentation to:

Ms. Gail Franklin, Ground Water Rule Manager
EPA Region 8, 8P-W-DW
1595 Wynkoop St.
Denver, CO 80222

Email: franklin.gail@epa.gov

Phone: 1-800-227-8917, extension 312-6497

Additionally, include a written response to the respective Wyoming Department of Environmental Quality District Engineer (WY DEQ) listed on the second page of the survey report, prior to making any improvements, if any of the aforementioned deficiencies are followed by an asterisk (*). The asterisk indicates that a WY DEQ permit may be necessary.

If you will be unable to meet this standard 6 month corrective action timeframe, a written response must be submitted to the EPA within 30 days of receipt of this letter. This response must contain the following:

1. The public water system name and number;
2. Description of why you will be unable to meet the standard 6 month timeframe;
3. Description of the corrective action(s) to be taken to address each significant deficiency; and
4. A schedule including specific proposed dates for completing each corrective action. This schedule may include both short-term interim steps and longer term completion dates.
5. Include a written response to the respective Wyoming Department of Environmental Quality District Engineer (WY DEQ) listed on the second page of the survey report, prior to making any improvements, if any of the aforementioned deficiencies are followed by an asterisk (*). The asterisk indicates that a WY DEQ permit may be necessary.

If you have any questions regarding a significant deficiency or your corrective action plan, contact Ms. Gail Franklin. Ms. Franklin will provide you with a confirmation email or letter after receiving your response if you proposed a different corrective action timeframe.

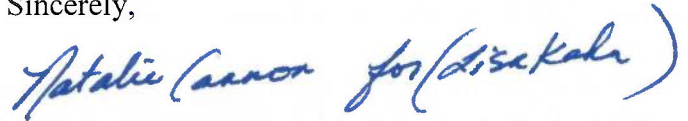
The sanitary surveyor also identified at least one recommendation to improve the operation of the water system and to protect public health. While not required, EPA recommends that all such items be corrected. Please see the enclosed Sanitary Survey report for any recommendations.

Please contact us if your system has a change in the treatment process, you add or remove a water source, there is a change in the number of people served or number of water connections, or different contact information becomes available for your water system. This allows us to keep you up to date on monitoring requirements and keeps our inventory current. To access the EPA's change form, use this link and send us the completed form or give us a call.

<http://www2.epa.gov/region8-waterops/wyoming-public-water-system-change-form>

Thank you for your cooperation during the sanitary survey. If you have any questions regarding the sanitary survey, please call Jim Gindelberger at 1-800-227-8917, ext. 312-6984. If you have questions on specific regulations, please refer to the brochure enclosed with this letter, which contains the names and phone numbers for all of the EPA drinking water staff.

Sincerely,

A handwritten signature in blue ink that reads "Natalie Cannon for (Lisa Kahn)". The signature is written in a cursive style.

Lisa Kahn, Unit Chief
Drinking Water Unit A

Enclosures

2015 EPA Region 8 WY SANITARY SURVEY FORM INVENTORY

DATE OF SURVEY: <u>06/29/2015</u>		COUNTY: <u>Lincoln</u>		SURVEYOR NAME: <u>J Kahlert</u>	
PWS ID: <u>WY5601418</u>		SYSTEM NAME: <u>Nordic Ranches Water, LLC</u>			
System representatives present at survey: <u>Ganelle "Gaye" Edwards, Owner/Chief Operator</u> Others present: <u>Tanya DeJournett, Alternate Operator</u> Comments: <u>Jim Van Dorn, WARWS Registered Circuit Rider</u>			EMERGENCY CONTACT Emergency Contact Name: <u>Ganelle "Gaye" Edwards</u> Emergency cell phone: <u>(307) 884-8181</u> Emergency email address: <u>nrv@silverstar.com</u> Title: <u>Owner/Chief Operator</u> Street: <u>P.O. Box 5354; 370 Pit Run Road</u> City: <u>Etna</u> State: <u>WY</u> County: <u>Lincoln</u> Zip: <u>83118</u>		
SYSTEM OWNER OR MUNICIPAL LEGAL REPRESENTATIVE Addressee Name: <u>Ganelle "Gaye" Edwards</u> Company: <u>Nordic Ranches Water, LLC</u> Title: <u>Owner/Chief Operator</u> Street: <u>P.O. Box 5354; 370 Pit Run Road</u> City: <u>Etna</u> State: <u>WY</u> Zip: <u>83118</u> Owner Phone: <u>(307) 654-2005</u> Fax: <u>(NA)</u> Email Address: <u>nrv@silverstar.com</u>			PRIMARY ADMINISTRATIVE CONTACT (to receive ALL correspondence from EPA) Addressee: <u>Ganelle "Gaye" Edwards</u> Title: <u>Owner/Chief Operator</u> Street: <u>P.O. Box 5354; 370 Pit Run Road</u> City: <u>Etna</u> State: <u>WY</u> County: <u>Lincoln</u> Zip: <u>83118</u> Administrative Contact Phone: <u>(307) 654-2005</u> Fax: <u>(NA)</u> Email Address: <u>nrv@silverstar.com</u>		
ADDITIONAL CONTACT (if any) Addressee: <u>Tanya DeJournett</u> Title: <u>Alternate Operator</u> Street: <u>P.O. Box 5354; 370 Pit Run Road</u> City: <u>Etna</u> State: <u>WY</u> County: <u>Lincoln</u> Zip: <u>83118</u> Contact Phone: <u>(307) 654-2005</u> Fax: <u>(NA)</u> Email Address: <u>nrv@silverstar.com</u> Comments: _____			PUBLIC WORKS DIRECTOR, CITY ENGINEER and/or WATER PLANT SUPERINTENDENT Addressee: <u>NA</u> Title: _____ Street: _____ City: _____ State: _____ County: _____ Zip: _____ Contact Phone: (____) _____ Fax: (____) _____ Email Address: _____		
DESIGNATED OPERATOR OF SYSTEM Name: <u>Ganelle "Gaye" Edwards</u> Certified Operator? @ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TNC System (not required) Treatment Cert. Level: <u>1</u> Distribution Cert. Level: _____ Treatment Cert. Exp. Date: <u>12/2015</u> Distribution Cert. Exp. Date: _____ Cert. Authority: <u>WDEQ</u> Cert. Authority: _____ Phone: <u>(307) 654-2005</u> Email Address: <u>nrv@silverstar.com</u> Contract Operator*? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date contract ends: _____ Comments: _____ Go to: http://deg.state.wy.us/wqd/www/opcert/index.asp Click on: Check Facility Records then Click on: Check Operator Records			ALTERNATE OPERATOR Name: <u>Tanya DeJournett</u> Certified Operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required Treatment Cert. Level: _____ Distribution Cert. Level: _____ Treatment Cert. Exp. Date: _____ Distribution Cert. Exp. Date: _____ Cert. Authority: _____ Cert. Authority: _____ Phone: <u>(307) 654-2005</u> Email Address: <u>nrv@silverstar.com</u> Comments: _____ Go to: http://deg.state.wy.us/wqd/www/opcert/index.asp Click on: Check Facility Records Click on: Check Operator Records		
WATER SYSTEM CLASSIFICATION for operator certification System Treatment Classification Level: <u>1</u> System Distribution Classification Level: <u>1</u> Comments: _____ Go to: http://deg.state.wy.us/wqd/www/opcert/index.asp Click on: Check Facility Records			WATER SYSTEM CLASSIFICATION from PWS Inventory <input checked="" type="checkbox"/> C = Community <input type="checkbox"/> NTNC = Non-Transient Non-Community <input type="checkbox"/> NC = Transient Non-Community Comments: _____		
SYSTEM PHYSICAL ADDRESS Street: <u>370 Pit Run Road</u> City: <u>Etna</u> State: <u>WY</u> Zip: <u>83118</u>			PHYSICAL LOCATION Physical Location and Directions: <u>From downtown Etna, Wyoming, at the intersection of US-89 and CR-169, proceed south on US-89 for 0.5 miles to Pit Run Road which is just past the Etna Elementary School, and turn right (west). Continue to the gravel pit gate house.</u>		

<p align="center">DEQ DISTRICT ENGINEER</p> <p><u>Mark Baron, P.E., District Engineer</u></p> <p>Phone: <u>307-335-6962</u></p> <p>Email: <u>mark.baron@wyo.gov</u></p>	<p align="center">COUNTY AND/OR CHS SANITARIAN</p> <p><u>Dru Haderlie, CHS Sanitarian</u></p> <p>Phone: <u>307-279-3276</u></p> <p>Email: <u>dru.haderlie@wyo.gov</u></p>		
<p align="center">PERIOD OF OPERATION</p> <p><input checked="" type="checkbox"/> Year-round</p> <p><input type="checkbox"/> Part of the year</p> <p>From _____ to _____</p> <p>Is this PWS operating with a lease on Federal land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, Federal land name: _____</p> <p>Comments: _____</p>	<p align="center">SERVICE CONNECTIONS</p> <p>Total Service Connections (Active and Inactive): <u>171</u></p> <p>Total Residential: <u>164</u></p> <p>How many residential connections are for year-round residents: <u>164</u></p> <p>Total Non-Transient (non-residential): <u>0</u></p> <p>Total Transient: <u>0</u></p> <p>Service Connections Metered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Number of metered service connections: <u>164</u></p> <p>Comments: _____</p>		
<p align="center">OWNER TYPE</p> <p><input type="checkbox"/> 1 Federal Government</p> <p><input checked="" type="checkbox"/> 2 Private: Subdivision, Investor, Trust, Cooperative, Water Association, etc.</p> <p><input type="checkbox"/> 3 State Government</p> <p><input type="checkbox"/> 4 Local Government Authority: Commission, District, Municipality, City, etc.</p> <p><input type="checkbox"/> 5 Mixed Public/Private</p> <p><input type="checkbox"/> 6 Native American Indian Tribes & Reservations _____</p> <p><input type="checkbox"/> 7 Other _____</p> <p>Comments: _____</p>	<p align="center">POPULATION DIRECTLY SERVED (do not include populations of consecutive PWSs)</p> <p>Residential Population: <u>574</u> (Number of year-round residents utilizing PWS)</p> <p>Non-Transient Population: <u>NA</u> (Number of the same persons utilizing PWS Daily for 6 months of the year – i.e. students, employees)</p> <p>Transient Population: <u>NA</u> (Average number of transient persons served by PWS daily during peak 60 days of operation – i.e. customers, visitors)</p> <p>Does the water system serve at least 25 individuals daily at least 60 days of the year (does not need to be consecutive days)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If the population has significantly changed since the last Survey or current inventory sheet, recommend EPA send new Basic Information Form (BIF)</p> <p>Comments (source(s) of population info): <u>Census</u></p>		
<p align="center">SERVICE CATEGORY (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> AP Airport <input type="checkbox"/> BA Bathing/Swimming <input type="checkbox"/> BR Bar <input type="checkbox"/> CG Campground <input type="checkbox"/> CH Church <input type="checkbox"/> DC Daycare Center <input type="checkbox"/> DR Dude Ranch <input type="checkbox"/> HS Hospital <input type="checkbox"/> IB Interstate Bottler <input type="checkbox"/> IF Industrial/Agricultural <input type="checkbox"/> IN Institution <input type="checkbox"/> LB Local Bottler <input type="checkbox"/> LO Lodge <input type="checkbox"/> MA Marina <input type="checkbox"/> MH Mobile Home Park <input type="checkbox"/> MO Motel/Hotel </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> PC Picnic Area <input type="checkbox"/> RA Rest Area <input type="checkbox"/> RC Recreation <input checked="" type="checkbox"/> RS Residential <input type="checkbox"/> RT Restaurant <input type="checkbox"/> RV RV Park <input type="checkbox"/> SC School <input type="checkbox"/> SD Subdivision <input type="checkbox"/> SK Ski Area <input type="checkbox"/> SS Service Station <input type="checkbox"/> US Water User's Association <input type="checkbox"/> VC Visitor Center <input type="checkbox"/> VM Vending Machine <input type="checkbox"/> WH Water Hauler <input type="checkbox"/> XX Other _____ </td> </tr> </table> <p>Primary Service Category Description: <u>Residential</u></p> <p>Comments: _____</p>	<input type="checkbox"/> AP Airport <input type="checkbox"/> BA Bathing/Swimming <input type="checkbox"/> BR Bar <input type="checkbox"/> CG Campground <input type="checkbox"/> CH Church <input type="checkbox"/> DC Daycare Center <input type="checkbox"/> DR Dude Ranch <input type="checkbox"/> HS Hospital <input type="checkbox"/> IB Interstate Bottler <input type="checkbox"/> IF Industrial/Agricultural <input type="checkbox"/> IN Institution <input type="checkbox"/> LB Local Bottler <input type="checkbox"/> LO Lodge <input type="checkbox"/> MA Marina <input type="checkbox"/> MH Mobile Home Park <input type="checkbox"/> MO Motel/Hotel	<input type="checkbox"/> PC Picnic Area <input type="checkbox"/> RA Rest Area <input type="checkbox"/> RC Recreation <input checked="" type="checkbox"/> RS Residential <input type="checkbox"/> RT Restaurant <input type="checkbox"/> RV RV Park <input type="checkbox"/> SC School <input type="checkbox"/> SD Subdivision <input type="checkbox"/> SK Ski Area <input type="checkbox"/> SS Service Station <input type="checkbox"/> US Water User's Association <input type="checkbox"/> VC Visitor Center <input type="checkbox"/> VM Vending Machine <input type="checkbox"/> WH Water Hauler <input type="checkbox"/> XX Other _____	<p align="center">SOURCES (check all that apply)</p> <p><input type="checkbox"/> SW = Surface Water <input type="checkbox"/> SWP = Surface Water Purchased</p> <p><input checked="" type="checkbox"/> GW = Groundwater <input type="checkbox"/> GWP = Groundwater Purchased</p> <p><input type="checkbox"/> GWUDI = Ground Water Under the Direct Influence of Surface Water</p> <p>If mixed, does GW receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p> <hr/> <p>Is the current water source adequate in quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Have there been any interruptions in service since the last survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____</p> <p>Have there been reports of a water borne disease (2 or more people)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____</p> <p>Have there been any changes to the water system since the last survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____</p> <p>Are there any changes that are planned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe: <u>Add another subdivision with 56 taps.</u></p> <p>Comments: _____</p>
<input type="checkbox"/> AP Airport <input type="checkbox"/> BA Bathing/Swimming <input type="checkbox"/> BR Bar <input type="checkbox"/> CG Campground <input type="checkbox"/> CH Church <input type="checkbox"/> DC Daycare Center <input type="checkbox"/> DR Dude Ranch <input type="checkbox"/> HS Hospital <input type="checkbox"/> IB Interstate Bottler <input type="checkbox"/> IF Industrial/Agricultural <input type="checkbox"/> IN Institution <input type="checkbox"/> LB Local Bottler <input type="checkbox"/> LO Lodge <input type="checkbox"/> MA Marina <input type="checkbox"/> MH Mobile Home Park <input type="checkbox"/> MO Motel/Hotel	<input type="checkbox"/> PC Picnic Area <input type="checkbox"/> RA Rest Area <input type="checkbox"/> RC Recreation <input checked="" type="checkbox"/> RS Residential <input type="checkbox"/> RT Restaurant <input type="checkbox"/> RV RV Park <input type="checkbox"/> SC School <input type="checkbox"/> SD Subdivision <input type="checkbox"/> SK Ski Area <input type="checkbox"/> SS Service Station <input type="checkbox"/> US Water User's Association <input type="checkbox"/> VC Visitor Center <input type="checkbox"/> VM Vending Machine <input type="checkbox"/> WH Water Hauler <input type="checkbox"/> XX Other _____		
<p align="center">SUMMARY (Describe the water system in a paragraph or two)</p> <p><u>The Nordic Ranches Water, LLC system is classified as a community groundwater system serving approximately 574 residents through 164 active service connections. Three groundwater wells provide water directly to distribution. Seven 10,000-gallon storage tanks, in one location, are filled from distribution. No treatment is provided.</u></p>			
<p>The following abbreviations will be used throughout this document: NI = no information, NA = not applicable, NR = not requested, <u>@ = potential significant deficiency.</u></p>			

SIGNIFICANT DEFICIENCIES

Significant deficiencies include, but are not limited to, defects in the design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system, that EPA determines to be causing, or have the potential for causing, the introduction of contamination into the water delivered to consumers. Please note the instructions for responding to significant deficiencies in the attached cover letter. Failure to provide a response to EPA could result in a violation.

1) Well ID: WL01 - Well #1, Well #2, and Well #4

Lack of a sanitary seal on the well casing. (see photos #1, #2, and #3)

To prevent contamination of the well, the well must be fitted with a functioning sanitary seal that is tightly bolted does not allow contamination to enter the well.

2) Gravity Tank ID: ST01 & ST02 - Storage Tanks 4x10K and Storage Tanks 3x10K

Combined Overflow on finished water storage tank discharges at improper height*. (see photo #4)

Overflow must be piped to an elevation between 12 and 24 inches above the ground surface and discharge over a drainage inlet structure, splash plate, or engineered rip-rap.

3) Gravity Tank ID: ST01 & ST02 - Storage Tanks 4x10K and Storage Tanks 3x10K

Combined Overflow on finished water storage tank improperly constructed*. (see photo #5)

Overflow must discharge over a drainage inlet structure, splash plate, or engineered rip-rap.

4) Gravity Tank ID: ST01 - Storage Tanks 4x10K

Hatch on Finished Water Storage Tank Improperly Constructed*. (see photo #6)

Below Ground Tanks (buried or partially buried): The tank hatch must be elevated a minimum of 24 inches above the top of the tank surface or ground surface, whichever is higher.

5) Gravity Tank ID: ST02 - Storage Tanks 3x10K

Hatch on Finished Water Storage Tank Improperly Constructed*. (see photo #7)

Below Ground Tanks (buried or partially buried): The tank hatch must be elevated a minimum of 24 inches above the top of the tank surface or ground surface, whichever is higher.

6) Gravity Tank ID: ST01 & ST02 - Storage Tanks 4x10K and Storage Tanks 3x10K

Hatch on Finished Water Storage Tank Improperly Constructed*. (see photo #8)

The tank hatch must be fitted with a solid *watertight* cover which extends down around the frame at least two inches.

7) Low pressure or loss of pressure (less than 20 psi)*.

The PWS reported that the pressure coming off the tanks was 20-25 psi under normal conditions and that there were service connection(s) near the tanks where the residents have installed booster pumps on the customer's side of the meter. It is likely that pressures during peak flow may drop below 20 psi.

Presently, some areas of the distribution system have pressure less than 20 psi. This low pressure creates significant risk for backflow and system contamination. In order to correct this significant deficiency, you must identify the cause(s) of the low pressure and provide documentation of how it was corrected.

RECOMMENDATIONS

1) Improvements and Changes to the System

To assure that improvements and additions to your water system comply with regulations governing public water supplies, the plans and specification for significant improvements should be submitted to the Wyoming DEQ District Engineer for review. DEQ contact information is provided on page 2 of this report.

When making changes to the drinking water system, or changing the water system configuration, please fill out the **Wyoming System Change Form** that is located at the following EPA website: <http://www2.epa.gov/region8-waterops/reporting-forms-and-instructions-reporting-forms#chg>. Once on that page scroll down for Change Form. Sign the form and then submit it to EPA.

2) Security (see photo #9)

The survey noted that there was no security fencing around the storage tanks.

Water system facilities should be protected against vandalism and unauthorized entry. They should not be accessible by the public. The perimeter of all properties should have security-type fencing, locks, and other precautions to prevent trespassing.

SOURCE DATA
ACTIVE (PHYSICALLY CONNECTED) WELLS AND WELL PUMPS ☐ NA
(if well is GWUDI and fully treated as SW, these will be recommendations)

Well Name:	Well #1	Well #2	Well #4
Well owner (if different than system owner):	_____	_____	_____
Facility ID (from PWS inventory, e.g., WL01):	<u>WL01</u>	<u>WL02</u>	<u>WL04</u>
Well Location: (well house, well pit, pitless adapter, combination, driveway/parking lot, other)	<u>Pitless Adapter</u>	<u>Pitless Adapter</u>	<u>Pitless Adapter</u>
Does system want this well to be considered inactive? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Adequately protected from vehicle damage? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If well is located in a pit or vault, is the pit or vault completely watertight?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
If no, is the pit or vault completed with drainage or a sump pump for permanent or portable use? @ If applicable, indicate type (permanent pump, portable pump, or drainage)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Type: _____
Is the pit located in a building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
WY DEQ and/or WY SEO permit #:	<u>UW76226/UW95148 Enl.</u>	<u>UW108464</u>	<u>UW173583</u>
Are there any approved WY DEQ Chapter 12 variances for this well? If yes, describe what type of variance was approved.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Well Depth (ft):	<u>360</u>	<u>550</u>	<u>603</u>
Depth range of shallowest casing perforations (ft):	<u>Open Hole: 220 to 360</u>	<u>220 to 260</u>	<u>255 to 270</u>
Actual yield (gpm):	<u>35</u>	<u>120</u>	<u>85</u>
Well log or Statement of Completion on site? (If yes, please copy or photograph and submit with report)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Well Construction			
Does SW runoff drain away from the wellhead (including wells in pits or vaults)? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does well casing terminate at least 12" above the concrete floor? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Does the well casing terminate at least 18" above the natural ground surface? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the actual casing height (inches)?	<u>18</u>	<u>31.5</u>	<u>19</u>
Any holes or openings observed in the well or its appurtenances? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
If yes, describe.	_____	_____	_____
Does the well have a sanitary seal with tightly bolted cap? @ (May need operator to open well cap to verify; explain why if unable to verify)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <u>Loose well cap bolts</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <u>Loose well cap bolts</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <u>Loose well cap bolts</u>
Is well vented (vent not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the height from the ground level to the screen of the vent (inches)?	<u>28.5</u>	<u>Approximately 40</u>	<u>26.5</u>
Does the vent terminate at or above the top of the casing or pitless unit? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is vent facing downward? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Vent screened with #24 mesh? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there a source water sample tap for GWR compliance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there an air release/vacuum relief valve (not required)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Discharge Piping Termination			
- In a downward position? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
- At least 8" above the floor? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
- Screened with #24 mesh? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Comments:	_____	_____	_____

SOURCE DATA
ACTIVE (PHYSICALLY CONNECTED) WELLS AND WELL PUMPS ☐ NA
 (if well is GWUDI and fully treated as SW, these will be recommendations)

Well Name:	Well #1	Well #2	Well #4
Well Pumps			
Submersible Pump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Other type of pump? (if other, describe and indicate location in the comment field below)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
NSF-60 lubricant used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Operable and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Maintenance program in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the external pump subject to flooding? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Spare parts available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Emergency power available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Comments	_____	_____	<u>Well #4 is run once per month, for maintenance purposes only.</u>

Are there any sources of pollution near the wells which could impact water quality? @ ☐ Yes ☒ No

If yes, indicate impacted well(s) and provide general location and comments: _____

(Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, cleaning supplies, oil/fuel, etc) (please locate on aerial map if possible)

Mice or other animals and their droppings in immediate area @ ☐ Yes ☒ No _____

Are there seasonal variations in the quantity of the water? ☐ Yes ☒ No _____

Are there seasonal variations in the quality of the water? ☐ Yes ☒ No _____

Comments: _____

SOURCE DATA
EMERGENCY BACKUP SOURCE WATER

Describe any backup source water possibly available during an emergency to the PWS, or indicate none: None

Is the backup water source physically disconnected from the water system? ☐ Yes ☐ No _____
 (if this is a raw water source and is still physically connected to the system, then complete the applicable source data section)

Backup source name: _____

Facility ID (from PWS Inventory, e.g., IN01, WL01, etc.): _____

WY DEQ permit number: _____

WY SEO permit number: _____

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report

Are there any sources of pollution near the water source (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☐ No

If yes, provide general location and comments: _____

Are there seasonal variations in the quantity of the water? ☐ Yes ☐ No _____

Are there seasonal variations in the quality of the water? ☐ Yes ☐ No _____

GRAVITY TANKS ☐ NA

(Instructions to Surveyor, delete before submitting to EPA) Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells or other finished water tanks.)

Tank Name:	Tanks 4x10K	Tanks 3x10K	_____
Tank ID (from PWS inventory, e.g., ST01):	<u>ST01</u>	<u>ST02</u>	_____
Tank owner (if different than system owner):	_____	_____	_____
Location (indoor or outdoor), Description: _____	<u>Outdoor</u>	<u>Outdoor</u>	_____
Date put into service	<u>#1: 1994, #2-4: 1999</u>	<u>2008</u>	_____
Tank Type Below ground (buried or partially buried) Ground level Elevated (pedestal or standpipe)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tank is constructed of: Concrete Steel Fiberglass Other	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
What type of water is stored (GW systems only)?	<input type="checkbox"/> Treated <input checked="" type="checkbox"/> Raw	<input type="checkbox"/> Treated <input checked="" type="checkbox"/> Raw	<input type="checkbox"/> Treated <input type="checkbox"/> Raw
Storage Volume (gallons)?	<u>4 x 10,000</u>	<u>3 x 10,000</u>	_____
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what type of variance was approved.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Is the site subject to flooding? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the tank be isolated from the system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the water level indicator accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tank appear structurally sound? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the foundation appear structurally sound? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any unprotected openings in the tank (breaches, leaks, etc)? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
When and how was the tank last cleaned and inspected?	<u>2008 scrubbed, sediments to drain</u>	<u>2008 scrubbed, sediments to drain</u>	_____
Who performed the cleaning and inspection?	<u>Self</u>	<u>Self</u>	_____
How was the tank disinfected after cleaning?	<u>Shock Chlorination</u>	<u>Shock Chlorination</u>	_____
Surveyor able to view report and confirm date?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overflow			
Is the overflow accessible for inspection? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen inside (EPA recommends a #24 mesh screen)? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the discharge visible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about overflow:	_____	_____	_____
Drain Line			
Combined overflow and drain pipe? (If yes, skip drain questions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the drain accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there #24 mesh screen on the drain pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does water accumulate in the drain discharge area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

GRAVITY TANKS ☐ NA

(Instructions to Surveyor, delete before submitting to EPA) Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells or other finished water tanks.)

Tank Name:	Tanks 4x10K	Tanks 3x10K	_____
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about drain:	_____	_____	_____
Air Vent			
Is the vent accessible for inspection? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If not #24 mesh screen, what size mesh is the screen?	_____	_____	_____
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Downturned vent: Is the vent at least 24" or 3 pipe diameters above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents: Is the screen at least 8" above the roof surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Below Ground Tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the air vent terminate downward? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the air vent at least 24" above the roof or ground surface (whichever is higher)? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about air vent:	_____	_____	_____
Access Hatch			
Is the hatch accessible for inspection? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch raised at least 24" above the roof or ground (whichever is higher) on below ground tanks (buried or partially buried) or 4" above the roof for above ground tanks (ground level or elevated)? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the height of the access hatch above the roof or ground surface?	Buried to 8 in	13 to 19 in	_____ in
Does the hatch have a shoe box lid? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the lid tight and sealed with a rubber gasket? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch locked? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about access hatch:	Bolted hatches. Tank #1 hatch is buried.	The northern and southern most of these 3 tanks had spider webs in the access hatch indicating that the hatch seal was not competent.	_____
Comments:	_____	_____	_____

DISTRIBUTION DATA

Please provide a brief description of the distribution system, including source to use piping: 4 to 8-inch PVC main lines and 3/4-, 1-, and 1 1/2-inch service lines

What are the location and estimated linear feet of asbestos pipe in the distribution system? None

Have lines broken due to freezing? ☒ Yes ☐ No One meter

Have lines broken due to traffic load? ☐ Yes ☒ No

Are lines properly disinfected after repairs are made? @ ☒ Yes ☐ No Pellet chlorination

Is there at least 35 psi pressure in the distribution system at peak normal flow? ☐ Yes ☒ No 20 to 25 psi near tanks. Homes have booster pumps after meter.

Is there at least 20 psi at all points in the system at all times? @ ☐ Yes ☒ No

Total number of days of storage (Summer)? NI

Total number of days of storage (Winter)? NI

Yes No NA

Is the storage capacity adequate to meet current needs? ☒ ☐ ☐

Is the storage capacity adequate to meet future needs? ☒ ☐ ☐

Comments:

Location, length, number, and flushing frequency for dead ends in the system: Several dead ends are flushed twice per year.

Are distribution system ("as-built") drawings maintained (e.g., revised to show replacement or repair?) ☒ Yes ☐ No

For systems that add a chemical disinfectant or receive disinfected water from a wholesaler: **NA** ☒

Yes No

☐ ☐ Is test equipment available for measuring the chlorine residual in the distribution system? Describe equipment:

☐ ☐ Are reagents up to date?

☐ ☐ Does the operator know how to properly measure chlorine residual?

Measured chlorine residual distribution system location:

Indicate residual value measured at this distribution system location: By Surveyor: (mg/L) By PWS: (mg/L)

Indicate if free or total chlorine was measured:

It is recommended that a minimum residual of 0.5 mg/L total chlorine or 0.2 mg/L free chlorine be maintained.

CROSS CONNECTION CONTROL

Yes No NA

Does each severe hazard connection have the appropriate reduced pressure backflow assembly installed at the meter/service connection and approved air gap (twice the size of the supply pipe diameter but always greater than one inch)? If no, describe each severe hazard connection and its location. @

☐ ☐ ☒ _____

Severe hazard connections include radioactive materials processors, nuclear reactors, and sewage treatment plants/pump stations.

Does each high hazard connection in the treatment plant or distribution system have the appropriate air gap or reduced pressure backflow assembly installed? If no, describe each high hazard connection and its location. @

☐ ☐ ☒ _____

High hazard connections include hospitals, medical/dental facilities, laboratories, mortuaries, large taxidermies, chemical suppliers/processing facilities, petroleum plants, food processing facilities, wastewater treatment plants, water fill points/loading stations, piers and docks, car washes, dry cleaners, direct connections to raw or non-potable water, and any service connection with an unapproved auxiliary supply.

Do trailers or mobile homes connected directly to the PWS via a yard hydrant have a double check valve assembly at each connection?

☒ ☐ ☐ All service

connections have check valves.

Are any **frost-free hydrants** that drain into the soil directly connected to this PWS?

☐ ☒ ☐ All service

connections have check valves.

Are there any leaking system components in the water system not previously noted (e.g., air-release/vacuum relief valves)? @

☐ ☒ ☐

Explain where and what was leaking: _____

At Community PWS, do all low hazard connections have the appropriate double check valve assemblies installed at the meter or service connection?

☒ ☐ ☐ _____

Low hazard connections include mobile home parks, farms/dairies, ranches, and shopping centers.

For Non-community Systems, do the following connections have the indicated type of backflow prevention assemblies?

Stock tanks – approved air gap or atmospheric vacuum breaker at the tank? @

☐ ☐ ☒ _____

Threaded yard hydrants – pressure vacuum breaker, atmospheric vacuum breaker or double check valve assembly.

☐ ☐ ☒ _____

Does the water supplier have a record keeping program and management procedures to ensure:

The installation and certification by test or inspection of all backflow preventers (BFPs) at new service connections

☐ ☒ ☐ _____

The annual passing test certification by a certified tester of all high-hazard BFPs at service connections.

☐ ☐ ☒ _____

SAFETY				
	Yes	No	NA	
<u>Personnel Safety</u>				
Are all personnel trained in proper handling of all utilized chemicals and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Are adequate masks, protective clothing, and safety equipment provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the operator understand relevant Occupational Safety and Health Administration (OSHA) regulations (e.g., confined space, hazard communication, trenching/shoring, lock out/tag out)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<u>Chlorine Gas Safety</u>				
Are there chlorine warnings posted on the outside of chlorine room doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do the doors open outward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do they open to the exterior of the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are chlorine room doors equipped with crash bars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are chlorine room doors equipped with viewports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there a leak detector in the chlorine room with an audible alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are chlorine feed and storage areas isolated from other facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are chlorine areas adequately ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are all chlorine cylinders adequately restrained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are self-contained breathing apparatus available for use in chlorine emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Where are they stored?				_____
Are they in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are water system personnel adequately trained in the use and maintenance of the self-contained breathing apparatus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are chlorine leak kits available and are all personnel trained in their proper use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Chemical Safety</u>				
Are oxidizers, corrosives, and flammables stored in separate areas and in closed, marked containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Are flammables stored in appropriate containers and cabinets away from combustion sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Is there adequate ventilation in the areas where solvents, aerosols, and chemical feeders are in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Are bulk storage areas physically isolated from treatment areas to prevent spills from entering treated or untreated water?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Is the fire department familiar with the facilities and their contents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

MANAGEMENT DATA			
	Yes	No	NA
Are there rules governing new hookups to protect the integrity of this water system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Are DEQ construction specifications followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Is the treatment plant being properly operated to prevent inadequately treated water from being sent to the distribution system? @	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> _____
Does the system have arrangements in place to assure prompt supply and repair service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Does the system have a current operations and maintenance manual which describes all procedures, equipment, sampling schedules and inspection data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Is there a schedule for routine preventative maintenance for all facilities and equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <u>Could not locate.</u>
Does the system (treatment plant, finished water storage) have security measures in place (fencing, locks, lighting, alarms, etc.)? <u>no fencing around storage tanks.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u>Well caps secured.</u>
Does the system have an emergency response plan (ERP) – system does not need to show the surveyor the ERP --that includes: @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
- Emergency contact phone numbers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
- Procedures to respond to a pressure loss/water outage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
- Procedures to respond to a water contamination incident?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Is the ERP accessible to the operator on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Is the system part of the state's WARN network?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____
Have you evaluated possible impacts to your system from extreme weather events?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
If yes, what was the outcome? <u>Wind, snow, and lightning are the biggest concerns.</u>			
Are you interested in training on extreme weather events?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you evaluated your facilities to see if they are in the 100 and 500 year flood plains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
If yes, what was the outcome? <u>Not in flood plain.</u>			
What percentage of the utility's power comes from your own renewable energy sources? <u>Zero</u>			
% wind: _____ % solar: _____ % hydro: _____			

MONITORING AND RECORDS

Total Coliform Rule (TCR) monitoring (all systems)	Yes	No	NA
Does the operator know how to collect samples for total coliform analysis? (Review operator sampling procedure at time of survey to confirm)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Does the operator know what to do in the event of a total coliform "unsafe" result? (Consult the "TCR/E-coli Positives" link on the Drinking Water Online site: http://www2.epa.gov/region8-waterops)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Are extra bottles available in case of need for repeat Total Coliform Rule (TCR) sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Does the system have a TCR sampling plan on file and available for the surveyor's review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Is it up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
If subject to the Ground Water Rule (GWR), does the operator know:			<input type="checkbox"/> ____
Within 24 hours of being notified of a <i>routine</i> TCR positive sample result, they must collect one triggered source water sample for <i>every</i> routine TCR positive sample at each active ground water source (e.g., three routine TCR positive samples requires the operator to collect three source water samples from <i>each</i> ground water source)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
They will need to submit both:			
<ul style="list-style-type: none"> • Repeat samples under the TCR (utilizing their regular lab form)? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
<ul style="list-style-type: none"> • Source water samples utilizing the Ground Water Rule Sample Collection Form located on the Drinking Water Online site (http://www2.epa.gov/region8-waterops)? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Where to sample if they are required to sample all of their active ground water sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Are extra bottles available in case of the need for GWR source sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
For Community and NTNC systems (including consecutives):			<input type="checkbox"/> ____
Is there a Disinfection Byproducts Rule Monitoring Plan on-site available for the surveyor's review?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ____
- Is it up-to-date reflecting the current distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ____
- What types of maximum residual disinfectant levels (MRDLs) are measured (free, total or combined chlorine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ____
Does the system have a Lead & Copper sample siting plan on file and available for the surveyor's review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
- Is it up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Does the operator know the location of each entry point to the distribution system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Does the operator know how to properly label samples taken from the entry points?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Has the PWS completed the monitoring that is specified in the EPA-provided monitoring schedule so far for this calendar year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Are copies of all monitoring results filed and readily accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____
Is the operator familiar with the Drinking Water Online (http://www2.epa.gov/region8-waterops) and Drinking Water Watch (https://sdwisr8.epa.gov/Region8DWW/JSP/loginForm.jsp) websites created for their benefit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ____

EPA Official Photographs

PWS #: WY5601418

System Name: Nordic Ranches Water, LLC

County: Lincoln

Date: 06/29/2015

Photographer: Jason Kahlert, PG

Photo#: 1

Subject: Well #1 (WL01)

Comments: West view. The pump control building is visible in the background.
A loose well cap bolt is visible in this photo.



Photo#: 2

Subject: Well #2 (WL02)

Comments: Northeast view. A loose well cap bolt is visible in this photo.



EPA Official Photographs

PWS #: WY5601418

System Name: Nordic Ranches Water, LLC

County: Lincoln

Date: 06/29/2015

Photographer: Jason Kahlert, PG

Photo#: 3

Subject: Well #4 (WL04)

Comments: Northwest view. A materials storage yard is visible in the background. The loose well cap bolts are being tightened in this photo.



Photo#: 4

Subject: Tanks 4 x 10 K (ST01) and Tanks 3 x 10 K (ST02)
Overflow Outfall (Typical)

Comments: The screened overflow outfall has no measurable free fall and does not discharge over a drainage inlet structure, splash plate, or engineered rip-rap.



EPA Official Photographs

PWS #: WY5601418

System Name: Nordic Ranches Water, LLC

County: Lincoln

Date: 06/29/2015

Photographer: Jason Kahlert, PG

Photo#: 5

Subject: Tanks 4 x 10 K (ST01) and Tanks 3 x 10 K (ST02)
Combined Overflow and Drain Outfall (Typical)

Comments: The two screened combined overflow and drain outfall heights shown are 15 and 30 inches above ground surface. The outfalls do not discharge over a drainage inlet structure, splash plate, or engineered rip-rap.



Photo#: 6

Subject: Tanks 4 x 10 K (ST01) Access Hatch (Typical)

Comments: This hatch is 8 inches above the ground surface. The other bolted access hatches were 5.5 and 2 inches above ground surface. One bolted tank hatch was buried.



EPA Official Photographs

PWS #: WY5601418

System Name: Nordic Ranches Water, LLC

County: Lincoln

Date: 06/29/2015

Photographer: Jason Kahlert, PG

Photo#: 7

Subject: Tanks 3 x 10 K (ST02) Access Hatch (Typical)

Comments: This hatch is 19 inches above the ground surface. The other bolted access hatches were 15.5 and 14 inches above ground surface.



Photo#: 8

Subject: Tanks 3 x 10 K (ST02) Access Hatch (Typical) Lid

Comments: The northern and southern most of the 3 newer tanks had spider webs in the access hatch neck (between the tank lid and the tank body) indicating that the hatch seal was not competent. Those webs did not show up in the photographs. However, this photo of the underside of the lid shows other spider webs (white material between the black sheet gasket and the lid lip) and an incompetent seal (rusty part of the lid where the black gasket does not extend to seal the lid).



EPA Official Photographs

PWS #: WY5601418

System Name: Nordic Ranches Water, LLC

County: Lincoln

Date: 06/29/2015

Photographer: Jason Kahlert, PG

Photo#: 9

Subject: Tanks 4 x 10 K (ST01) and Tanks 3 x 10 K (ST02)

Comments: Southwest view. The hatches and vents for the three newer below-ground tanks are visible in the middle part of the photograph. The four older tanks are buried in the foreground area. Recommend security fence be placed around the storage tanks.



Photo#: 10

Subject: Well #2 (WL02)

Comments: Southwest view. The pump control building with an emergency power generator is visible on the right of the well.



EPA Official Photographs

PWS #: WY5601418

System Name: Nordic Ranches Water, LLC

County: Lincoln

Date: 06/29/2015

Photographer: Jason Kahlert, PG

Photo#: 11

Subject: Tanks 4 x 10 K (ST01) and Tanks 3 x 10 K (ST02)

Comments: Northwest view. The four older tanks are buried in the area at the center of the photograph, with their vents visible at right. One of the three newer below-ground tanks (see Photograph #9) is located in the area at lower left.

